

Editorial: A new government in the UK: possible ramifications for children's nursing

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The United Kingdom (UK) has, for many years, been the world leader in the care of children in health services and the leader in the education of children's nurses. Since the publication of the Platt Report in 1959¹, parents have been an integral part of the way children are cared for in hospitals in countries around the world, and paediatric models of care were often first developed in the UK, most notably Anne Casey's² partnership in care, which led to the evolution of the now almost ubiquitous family-centred care³. These models of care, and the theories which underpin them, have been an integral part of the education of children's nurses across the UK. Importantly, only qualified children's nurses, (that is, either those who hold specialist paediatric nursing qualifications, or those who have been educated in the child branch of the UK's largely diploma-based qualification) are, by law, allowed to be employed in places where children are nursed.

The National Health Service (NHS), the free at point of delivery, universal, health service available to all British citizens, has long been in crisis and in 2006, 22,000 nursing jobs disappeared across the UK⁴. These included many children's nurses and, importantly, many health visitors – degree-educated primary healthcare specialist nurses – who provided community child health services. During this time, the government cut 40% from the nursing education budget and this was used to train healthcare assistants, who could be employed much more cheaply than registered nurses⁵. This had as severe an impact on children's nursing as on any other branch.

The UK has recently had a change of government, with Labour replaced by a coalition of the Conservative Party, with the highly unlikely bedfellow of the left-of-centre Liberal Democrats. During the election campaign, there was little mention of what either side would do to the NHS, perhaps because the NHS faces severe measures (exacerbated by the global financial crisis, which has seen the UK with a national debt even higher than that of Greece⁶), and such statements would have been electoral suicide for any party in the lead-up to an election. Now that the new government has been in place for a month, it is time to reflect on how it might impact on children's nursing.

In 2008, the Nursing and Midwifery Council (NMC) announced that, from 2013, a degree in nursing would be the minimum qualification for registration⁷. Media attention followed, much of it reflecting the general public's perceptions of nursing, with negative comments such as:

All sorts of people who might make excellent nurses will be put off, and lost to nursing: anyone who is not particularly academic; anyone who – frankly – is not particularly bright⁸

and:

Of course, medicine is a university course with a very large element of apprenticeship about it. But medicine is both a learned profession and a severely practical art, which nursing is not and is never likely to be ... The quest for power and status, then, is more important than the quest for higher nursing standards. That is why the nurses' leaders are so keen on the idea: kudos is their goal.⁹

There was some recognition of the importance of degrees for nurses from well-informed commentators¹⁰, though these were few. Those who wrote so negatively obviously have not seen the evidence that a degree-educated nursing workforce improves patient outcomes¹¹⁻¹⁴.

To date, we have not seen what the new UK government plans to do about implementing the NMC's plan for an all-degree workforce. However, it is worth noting that before the election, the now Prime Minister, David Cameron¹⁵, in an address to the Royal College of Nursing, said:

... there is the danger that all-degree training might put some people off. The teenager who's got a handful of reasonable GCSEs and just wants to care for people. The busy mum who hears the word degree, pictures the typical undergraduate and thinks – that's not me. We need to make very sure that the doors to nursing are open to all.

This does not bode well for the proposed nursing degree, nor does it provide one with confidence that the highly specialised area of children's nursing will be respected.

Why does this matter for a journal that serves mainly Australia and New Zealand? We suggest that any developments in the UK nursing must be watched carefully. We have published

elsewhere on the decline of nursing education in the UK¹⁶⁻²⁵ and we believe that the change of government does not augur well for UK nursing to be able to reclaim its leadership position any time soon. Our concerns about nursing education have grown substantially with the advent of this new government. Any changes in the NHS, and nursing education, will have profound effects on children's nursing. We must be aware that governments here could follow suit, in the interests of cost saving, and paediatric nursing in Australia and New Zealand could be adversely affected.

Solutions? To be aware of what is happening to health and nursing in the UK, to watch any changes implemented by this new government, and be prepared to use both our political and electoral rights effectively. Australian and New Zealand neonatal, paediatric and child health nurses must, as individuals, write to local, state and federal politicians and also support colleges and professional bodies in their fights against changes that will adversely affect neonatal, paediatric and child health nursing, and consequent outcomes for the children and families in our care.

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